

# Florida Department of Health in Charlotte County

## AFFIDAVIT TO RELEASE A BIRTH CERTIFICATE

**ATTENTION:** This form must be completed in the presence of a Notary Public

State of: \_\_\_\_\_

County Of: \_\_\_\_\_

### AFFIDAVIT TO RELEASE A BIRTH CERTIFICATE

**By Law,** *Birth certificates can be issued only to the registrant (the child named on the record) if of legal age (18) or emancipated, parent, guardian, a legal representative of one of these persons or by court order.*

**PLEASE NOTE:** To obtain an use a Florida birth record under false or fraudulent purpose is a third degree felony, punishable by the terms and conditions as set forth in Florida Statutes.

**BEFORE ME,** the undersigned authority, personally appeared \_\_\_\_\_,

(Print Name of Person Giving an Affidavit)

who after being duly sworn and deposes and says that I am authorized by law to receive the birth certificate of \_\_\_\_\_.

(Print Child's Full Name)

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Child named on the birth certificate.

Parent(s) listed on the child's birth certificate.

Legal guardian of the child named on the birth certificate.

Legal representative of the child or parent named on the birth certificate.

I herby authorize the Department of Health, Office of Vital Statistics to issue the birth certificate of:

\_\_\_\_\_  
(Print Child's Full Name)

to

\_\_\_\_\_  
(Print Name of Person Authorized to Accept Birth Certificate)

### FURTHER AFFIANT SAYETH NAUGHT

I hereby swear or affirm the above statements are true and correct.

\_\_\_\_\_  
(Signature of person authorized to release Birth Certificate)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is: ☐ Personally Known by me or ☐ Produced

(Print Name of Authorized Individual)

Identification \_\_\_\_\_ My Commission Expires: \_\_\_\_\_.

(Type of Identification Produced)

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Print, Type or Stamp Commissioned Name of Notary Public)